

# East Hartford Senior Center

Physical Address: 15 Milbrook Drive, East Hartford, CT 06118

Mailing Address: East Hartford Town Hall, Senior Services, 740 Main Street, East Hartford, CT 06108

Phone: 860-291-7460

Fax: 860-895-1513

Website: [www.easthartfordct.gov](http://www.easthartfordct.gov)

## Fitness Center Registration Form

Fitness Center Hours: Monday - Friday 8:30 AM - 4:30 PM

### **Section 1: To be Completed by Applicant:**

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Section 2: Membership Term / Fee (Please check one)**

- ☐ 3 month membership - \$30
- ☐ 6 month membership - \$50
- ☐ 12 month (1 year) membership - \$75
- ☐ Volunteer only

### **Section 3: Membership Agreement**

Please initial:

- \_\_\_\_\_ 1.) I have read and agree to abide by all membership policies.
- \_\_\_\_\_ 2.) I understand that I must provide a signed Fitness Center Medical Clearance Form, completed by my physician or health care provider prior to utilizing the Fitness Center or any fitness equipment. This form must be renewed annually.
- \_\_\_\_\_ 3.) I understand that I am required to provide a signed, informed consent form and that I have read and thoroughly understand this form.
- \_\_\_\_\_ 4.) I understand that I am required to attend a mandatory fitness center orientation session, which is conducted by a certified fitness trainer, which will include instruction on proper use of the equipment and safety procedures. I understand that I must be able to demonstrate competency in the safe operation of the fitness equipment for the trainer to determine if/when I am capable of using the equipment independently. A schedule of upcoming orientation sessions will be posted.
- \_\_\_\_\_ 5.) Once I have successfully completed a fitness center orientation, I understand that I may schedule a separate appointment with the certified fitness trainer for a customized fitness program at no extra charge.
- \_\_\_\_\_ 6.) I understand that after completion of the mandatory fitness center orientation session, my use of the fitness center equipment is unsupervised without the continued presence of a certified trainer and I am responsible for my own safety.
- \_\_\_\_\_ 7.) I understand that the East Hartford Senior Center reserves the right to deny use of the fitness center for safety and/or health reasons.

**Applicant Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

#### **Staff Use only**

Amount Received: \$\_\_\_\_\_ Payment Method: \_\_\_ Cash \_\_\_ Check (#: \_\_\_\_\_)

Payment Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_